

After the intermediary determines that a program may be covered, the intermediary may request additional documentation to make a claims determination.

[FR Doc. 94-32295 Filed 12-30-94; 8:45 am]

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Public Health Service

Office of the Assistant Secretary for Health; Availability of Grants for Minority Community Health Coalition Demonstration Projects.

AGENCY: Office of Minority Health, Office of the Assistant Secretary for Health, USPHS, DHHS.

ACTION: Notice of Availability of Funds and Request for Applications for Minority Community Health Coalition Demonstration Project Grants (Coalition Outreach Grants).

AUTHORITY: This program is authorized under section 1707(d)(1) of the Public Health Service Act, as amended in Public Law 101-527.

PURPOSE: The OMH announces the availability of grants to provide support to minority community health coalitions to develop, implement, and conduct demonstration projects which coordinate integrated community-based screening and outreach services and include linkages for access and treatment, to minorities in high risk, low income communities. These projects are to address socio-cultural and linguistic barriers to care and should have the potential for replication in similar communities.

APPLICANT ELIGIBILITY: Eligible applicants are public and private nonprofit organizations which will serve as the grantee organization for a coalition which has a history of OMH coalition grant support. This means prior support under: the Minority Community Health Coalition Demonstration Grant Program; the Minority Male Demonstration Grant Program (Intervention or Coalition Development); the Hispanic/Latino Community Health Coalition Development Project Grants; and the OMH/HRSA AIDS Coalition grants funded under the Rural Health Outreach for AIDS Education grants and Health Care Services for Residents of Public Housing. In most cases the applicant organization will be the same organization that served as the grantee on the original OMH grant. However, in a few instances: (1) The coalition has become a free standing entity, or (2) another member of the coalition has been designated to serve as the lead, grantee agency. In this case, the application must include a letter from

the original grantee organization verifying that the new applicant organization is a member of the coalition and is now designated to serve as lead for the same coalition which received prior OMH support. Only one application shall be submitted on behalf of any eligible coalition.

Applicant coalitions must include a health care facility such as a community health center, migrant health center, health department or medical center. The coalition should have the capacity to plan and coordinate services which reduce existing socio-cultural barriers. Specifically, the coalition will be called upon to carry out screening, outreach and enabling services to ensure that clients follow up with treatment and treatment referrals.

In order to verify that a viable coalition exists, the following must be provided: (1) The grant number of the prior OMH grant, (2) a concise narrative history of the existing minority community health coalition; (3) a copy of the coalition's mission statement and organizational chart; current membership roster indicating the race/ethnicity and roles of each coalition member organization; and (4) a dated copy of the founding bylaws or memorandum of agreement, and recent minutes or equivalent documents as proof that the coalition has been viable and operational over a sustained period.

Background

In prior fiscal years, the Office of Minority Health has focused on the establishment and enhancement of minority coalitions. Many coalition-conducted interventions included provision of health assessments and screening as an approach to improving the health of the targeted communities. Consistent with the broader public health experience, OMH found that many programs needed to go beyond provision of screening to provision of more systematic follow-up for access and treatment. Therefore, in FY 1995, OMH's coalition grants will focus on projects that address socio-cultural barriers and that will demonstrate effective coordination of integrated community-based screening, outreach and other enabling services thus insuring linkage to treatment or other indicated follow-up.

ADDRESSES/CONTACTS: Applications must be prepared on Form PHS 5161-1 (Revised July 1992). Application kits and technical assistance on budget and business aspects of the application may be obtained from Ms. Carolyn A. Williams, Grants Management Officer, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security

Lane, Rockville, MD, 20852, (telephone 301/594-0758). Completed applications are to be submitted to the same address.

Technical assistance on the programmatic content for the Coalition Grants may be obtained from Ms. Joan S. Jacobs. She can be reached at the Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, (telephone 301/594-0769) or by Interest E-mail [Jacobs.OASH.SSW.DHHS.GOV].

In addition, OMH Regional Minority Health Consultants (RMHCs) are available to provide technical assistance. A listing of the RMHCs and how they may be contacted is provided in the grant application kit. Applicants also can contact the OMH Resource Center (OMH/RC) at 1-800/444/6472 for health information and generic information on preparing grant applications.

DEADLINE: To receive consideration, grant applications must be received by the Grants Management Officer by March 6, 1995. Applications will be considered as meeting the deadline if they are either: (1) Received at the above address on or before the deadline date and received in time for orderly processing. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted in lieu of a postmark. Private meeting postmarks will not be accepted as proof of timely mailing. Applications which do not meet the deadline will be considered late and will be returned to the applicant unread.

AVAILABILITY OF FUNDS: It is anticipated that in Fiscal Year 1995, the Office of Minority Health will have approximately \$2.0 million available to support approximately 14 awards of up to \$150,000 each under the Minority Community Health Coalition Grant Program.

PERIOD OF SUPPORT: Support may be requested for a total project period not to exceed 3 years. Non competing continuation awards will be made subject to satisfactory performance and availability of funds.

PROJECT BUDGETS: Budgets of up to \$150,000 total direct and indirect costs per year may be requested to cover: The cost of personnel; consultants; support services; materials; and travel. Project budget must include travel for one project staff member to meet with the OMH Coalition Grant Program Director in Washington, DC. Funds may not be used for building alternations, renovations, or to purchase equipment except as may be acceptability justified in relation to conducting the project activities. Funds are to be used to

support outreach, screening, case management and other enabling services such as transportation, and child care. Grant funds are not intended to be used for medical treatment.

AWARD CRITERIA: Funding decisions will be determined by the Office of Minority Health and will take under consideration: the recommendations/ratings of review panels as well as program balance which includes geographic and race/ethnicity distribution, and health problem areas having the greatest impact on minority health in terms of causes of death.

REVIEW OF APPLICATIONS: Applications will be screened upon receipt. Those that are judged to be incomplete, nonresponsive to the announcement, or nonconforming will be returned without comment. Each coalition may submit no more than one proposal under this announcement. If a coalition submits more than one proposal, all will be deemed ineligible and returned without comment. Applications judged to be complete, conforming, and responsive will be reviewed for technical merit in accordance with PHS policies.

Applications will be evaluated by federal and non-federal reviewers chosen for their expertise in minority health, experience with similar projects, and their understanding and special knowledge of outreach and screening programs.

Applicants are advised to pay close attention to program guidelines, and the general and supplemental instructions provided in the application kit. Applications will be reviewed and evaluated for technical merit and consistency with the requirements of this announcement. Of specific importance will be the criteria found in the supplemental instructions and program guidelines under these listed headings. The percentage weight for each section appears in the parentheses after each heading: Background (20%); Goals and Objectives (15%); Methodology (45%); and Evaluation (20%).

DEFINITIONS: For the purpose of this grant program, the following definitions are provided:

(1) **Community**—A defined geographical area in which persons live, work, and play and characterized by: (a) Formal and informal leadership structures for the purpose of maintaining order and improving conditions; and (b) its capacity to serve as a focal point for addressing societal needs including health needs.

(2) **Minority Community Coalition**—An entity comprised of organizations/institutions which have come together

in a minority community for the purpose of collaborating on specific concerns, seeking coordination of related services, and resolution of those concerns. The coalition must include a health care facility such as a community or migrant health center, health department, or medical center, capable of providing treatment services. The coalition must have a formalized structure and process for member organizations to work together.

(3) **Enabling services**—Services, such as outreach, case management, child care, and transportation, which enable clients to effectively follow-up on screening findings and to access health care services.

(4) **Socio-cultural barriers**—Examples of socio-cultural barriers are: cultural differences between individuals and institutions; cultural differences of beliefs about health and illness, customs and lifestyles; cultural differences in languages or nonverbal communication styles; cultural differences in organizational policies and practices that create obstacles to service delivery.

(5) **Minority populations**—As defined by the Office of Management and Budget (OMB) Circular #15, include: Asian/Pacific Islanders; Blacks; Hispanics; and Native American/Alaska Native.

SUPPLEMENTARY INFORMATION: This announcement for Fiscal Year 1995 Coalition Outreach Grants focuses on the six health problems identified by the Secretary's Task Force on Black and Minority Health as having the greatest impact on minority health in terms of causes of death: (1) Cancer; (2) cardiovascular disease and stroke; (3) chemical dependency; (4) diabetes; (5) homicides; and (6) infant mortality. Additional areas of concern under this announcement include HIV infection, access to and financing of health care, health professions personnel development, data collection and analysis, and surveillance. Proposals should address these problems in a culturally competent and linguistically appropriate manner.

These health priorities also are addressed in the Health Objectives for the National, Healthy People 2000, which the Public Health Service (PHS) is committed to achieving. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-00100474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (telephone: 202/783-3238).

STATE REVIEWS: EO 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally-recognized Indian tribal governments) should contact their State Single Point of Contact (SPOCs) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. All comments from a State office must be received by 60 days after the application deadline by the Office of Minority Health's Grants Management Officer. A list of addresses of the SPOCs is enclosed with the application kit material.

PROVISION OF SMOKE-FREE WORKPLACE AND NON-USE OF TOBACCO PRODUCTS BY RECIPIENTS OF PHS GRANTS: The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

PUBLIC HEALTH SYSTEM REPORTING REQUIREMENTS: This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date: (a) A copy of the face page of the applications (SF 424), (b) a summary of the project (PHSIS), not to exceed one page, which provides: (1) a description of the population to be served, (2) a summary of the services to be provided, (3) a description of the coordination planned with the appropriate State or local health agencies.

The Catalog of Federal Domestic Assistance number is 93-137.

Dated: December 21, 1994.

Audrey F. Manley,

*Acting Deputy Assistant Secretary for
Minority Health.*

[FR Doc. 94-31975 Filed 12-29-94; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Social Security Administration

Privacy Act of 1974; Computer Matching Programs (SSA/States Wage, Unemployment Compensation (UC) Files, Match Numbers 1140 and 1142)

AGENCY: SSA, HHS.

ACTION: Notice of computer matching programs.

SUMMARY: In accordance with the provisions of the Privacy Act, as amended, this notice announces computer matching programs that SSA plans to conduct.

DATES: SSA will file a report of the subject matching programs with the Committee on Governmental Affairs of the Senate, the Committee on Government Operations of the House of Representatives and the Office of Information and Regulatory Affairs, Office of Management and Budget. The matching programs will be effective as indicated below.

ADDRESSES: Interested parties may comment on this notice by either telefax to (410) 966-5138, or writing to the Associate Commissioner for Program and Integrity Reviews, 860 Altmeyer Building, 6401 Security Boulevard, Baltimore, MD 21235. All comments received will be available for public inspection at this address.

FOR FURTHER INFORMATION CONTACT: The Associate Commissioner for Program and Integrity Reviews as shown above.

SUPPLEMENTARY INFORMATION:

A. General

The Computer Matching and Privacy Protection Act of 1988 (Pub. L. 100-503) amended the Privacy Act of 1979 (5 U.S.C. 552a) by establishing the conditions under which computer matching involving the Federal Government could be performed and adding certain protections for individuals applying for and receiving Federal benefits. The Computer Matching and Privacy Protection Amendments of 1990, set out in section 7201 of Pub. L. 101-508, further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the

use of computer matching by Federal agencies when records in a system of records are matched with other Federal, State, or local government records. Among other things, it requires Federal agencies involved in computer matching programs to:

(1) Make written agreements with the other agency or agencies participating in the matching programs;

(2) Obtain their Data Integrity Boards' approval of the match agreements;

(3) Furnish detailed reports about matching programs to Congress and the Office of Management and Budget;

(4) Notify applicants and beneficiaries that their records are subject to matching; and

(5) Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

B. SSA Computer Matches Subject to the Privacy Act

We have taken action to ensure that these computer matching programs comply with the requirements of the Privacy Act, as amended.

Dated: December 15, 1994.

Shirley S. Chater,

Commissioner of Social Security.

Notice of Computer Matching Programs, States' Income Eligibility Verification System Records With the Social Security Administration (SSA)

A. Participating Agencies

SSA and the States.

B. Purpose of the Matching Programs

Section 1137 of the Social Security Act (the Act) requires individual States to have in effect an income and eligibility verification system which meet certain requirements. Among other requirements, such a State verification system must provide for certain exchanges of information when relevant information may be of use in establishing or verifying eligibility or benefit amounts under benefit programs affected by the statute.

The purpose of these matching programs is to enable SSA to implement procedures consistent with requirements of section 1137 of the Act. The agreements with the States will describe the conditions under which SSA and the States agree to disclose information to each other relating to the eligibility for, and payment of, Social Security and Supplemental Security Income (SSI) benefits.

C. Authority for Conducting the Matching Programs

Section 1137 of the Act (a)(4)(B) (42 U.S.C. 1320b-7).

D. Categories of Records and Individuals Covered by the Matching Programs

SSA will provide the States with a finder file containing names and other identifying information of beneficiaries/recipients from SSA's benefit rolls. This information will be matched by each State with its wage and unemployment compensation files and a reply file of matched records will be furnished to SSA. Upon receipt of a State's reply file, SSA will match the names from the State file with the names on SSA's records to ensure that the State data pertain to the relevant Social Security or SSI recipients.

E. Inclusive Dates of the Match

The matching program shall become effective 40 days after a copy of the agreement, as approved by the Data Integrity Board, is sent to Congress and the Office of Management and Budget (OMB) (or later if OMB objects to some or all of the agreement), or 30 days after publication of this notice in the **Federal Register**, whichever date is later. The matching programs will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met.

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DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Endangered and Threatened Species Permit

AGENCY: Fish and Wildlife Service.

ACTION: Notice of Receipt of Applications for Permit.

The following applicants have applied for a permit to conduct certain activities with endangered species. This notice is provided pursuant to Section 10(c) of the Endangered Species Act of 1973, as amended (16 U.S.C. 1531 *et seq.*):

PRT-797735

Applicant: ENSR Consulting and Engineering, Florence, Alabama.

The applicant requests a permit to take (trap, survey, and monitor) the Alabama beach mouse (*Peromyscus polionotus ammobates*), Choctawhatchee beach mouse (*Peromyscus polionotus allophrys*),